

# Medicaid Innovation Accelerator Program (IAP)

**IAP Information Session:  
Improving care for  
Beneficiaries with Complex  
Needs and High Costs (BCN)**

June 29, 2015 – 2:00 PM (ET)



# Logistics for the Webinar

- All lines will be muted
- Please do not put your line on hold
- To participate in a polling question, exit out of “full screen” mode
- Use the chat box on your screen to ask a question or leave comment
  - Note: chat box will not be seen if you are in “full screen” mode
- During Moderated Q&A, can also ask questions verbally
  - To ask a question, press \*7 to un-mute your line
  - When complete press \*6 to mute your line

# Welcome

- Timothy Hill  
Deputy Center Director, Center for Medicaid and CHIP  
Services (CMCS)

# IAP Team for Beneficiaries with Complex Needs and High Costs (BCN)

- Karen Llanos, Director Medicaid IAP
- Andrew Bindman, University of California San Francisco working with IAP
- Naomi Tomoyasu, CMMI on detail to IAP
- Asher Mikow, Financial Management Group, CMCS
- Jeremiah Sabir, Financial Management Group, CMCS
- Contracting team lead by:
  - Izanne Leonard Haak, Health Management Assoc
  - Mike Nardone, Health Management Assoc
  - Brian Burwell, Truven Health Analytics

# Agenda for Today's Call

- What is the Medicaid Innovation Accelerator Program?
- Why Focus on Beneficiaries with Complex Needs & High Costs?
- Overview and Proposed Approach to Program Support for States
- How to Apply for Program Support
- Next Steps

# Polling Question #1

Poll of Call Participants (organizational affiliation)

- State Medicaid agency
- Other state agency
- Researcher
- Medical provider
- Health plan
- Contractor/vendor
- Other

# What is Medicaid IAP?

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# Medicaid IAP

- Joint Innovation Center-CMCS venture launched in July 2014.
- Designed as a four year program to build state capacity and accelerate ongoing innovation in Medicaid through targeted technical support.
- IAP supports states' and HHS Delivery System Reform efforts.



# Health and Human Services Delivery System Reform Focus Areas



*Improving the way providers are incentivized, the way care is delivered, and the way information is distributed, will help provide better care at lower cost across the health care system.*

## FOCUS AREAS

Pay  
Providers

Deliver  
Care

Distribute  
Information

Source: Burwell SM. Setting Value-Based Payment Goals – HHS Efforts to Improve U.S. Health Care. NEJM 2015 Jan 26; published online first.

# Medicaid IAP

- **Program areas:** Opportunity to advance Medicaid innovation in four focused areas:
  1. Substance Use Disorders
  2. Beneficiaries with Complex Needs & High Costs
  3. Community Integration-Long-term Services and Supports
  4. Physical Mental Health Integration

# Medicaid IAP (cont'd)

- **Functional areas:** Represent additional ways in which IAP will build states' capacity and align with delivery system reform levers (*payment, care delivery, and information*)
- Support in these areas is embedded in the four program areas:
  - Data analytics
  - Quality measurement
  - Rapid cycle learning
  - Payment modeling and financial simulations

# IAP Program Priority Areas: What Has Launched and What Is Underway

Substance Use Disorders	Beneficiaries with High Needs & High Costs/ Superutilizers	Community Integration – Long-term Services & Supports	Physical Health/Mental Health Integration
<p>Launched with selected states Jan 2015</p> <p>HILC formally ends Jan 2015, those states will be offered supplemental/booster assistance</p>	<p>*Activity to be announced June 29, 2015</p> <p>Work begins with selected states September 2015.</p>	<p>*Activity to be announced early fall 2015</p> <p>Work begins with selected states late fall 2015.</p>	<p>*Activity to be announced in late fall 2015</p> <p>Work begins with selected states early 2016.</p>

\*Target timeframes

# Why focus on beneficiaries with complex needs and high costs?

# Who Is This Population?

## A 2013 CMCS Informational Bulletin Notes:

- Beneficiaries who, because of their health and/or social conditions, are vulnerable to experience high levels of costly and often preventable service utilization, and whose care patterns and costs are potentially “impactable.”

Source: [CMCS Informational Bulletin of July 24, 2013](#), “Targeting Medicaid Super-utilizers to Decrease Costs and Improve Quality.”

# Beneficiaries With Complex Needs

- Complex Needs:
  - Multiple chronic conditions
  - Functional limitations requiring LTSS
  - Mental health/behavioral health needs
  - Housing instability, limited social support
- Vary by Eligibility:
  - 45% ABD adults
  - 22% Expansion
  - 17% TANF

# BCNs Are High Users of Services

- Definitions of high users of services vary
- Characterized by:
  - Multiple emergency department visits
  - Multiple hospitalizations/re-admissions
  - High rates of medication use
  - Use of LTSS
  - High total health care spending



# Agency for Healthcare Research and Quality: Non-Elderly Medicaid Superutilizers

- Defined High Hospital Users as those with 4 or more admissions in a year
  - More hospital stays (5.9 vs 1.3 stays)
  - Longer length of stay (6.1 vs 4.5 days)
  - Higher costs per stay (\$11,766 vs, \$9,032)
  - Higher all-cause 39 day readmission rates (52.4 vs. 8.8 %)

Source: Healthcare Cost and Utilization Project, Agency for Healthcare Research and Quality, Statistical brief #184: Characteristics of Hospital Stays for Nonelderly Medicaid Super-Utilizers, 2012, November 2014. [Link to AHRQ Study](#)

# Top 10 Dx for Re-Hospitalizations, 2011

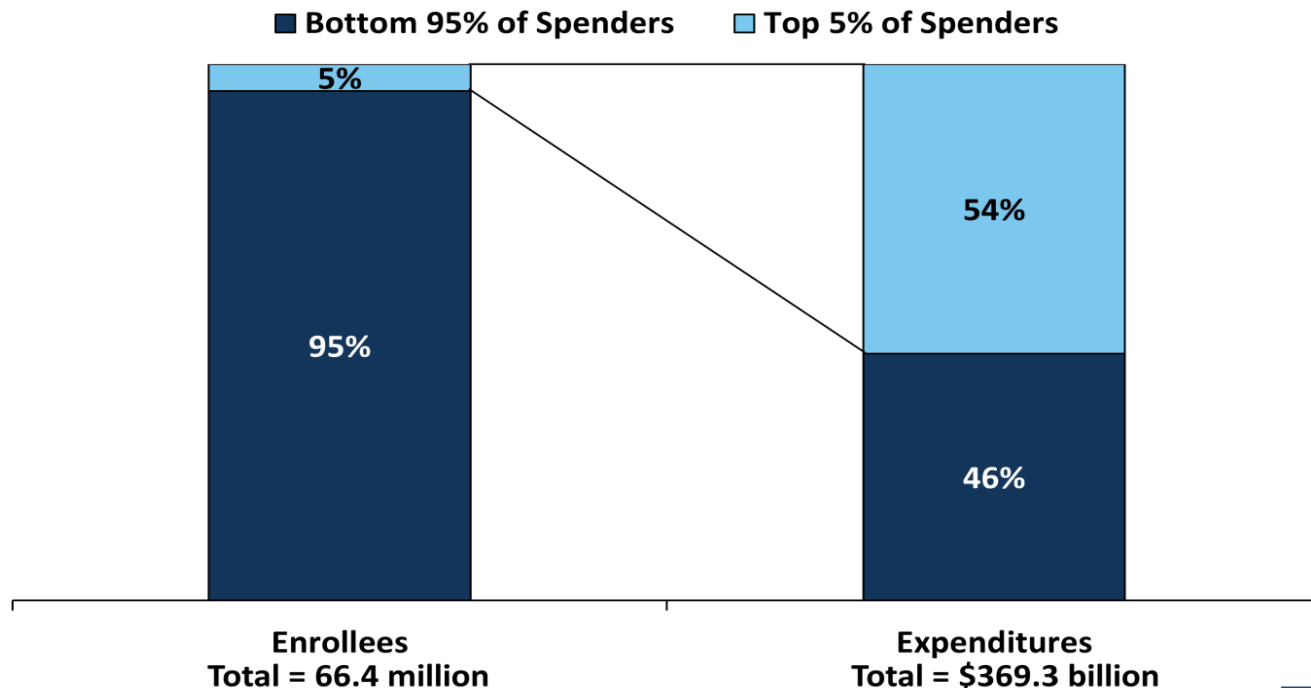
Medicare	Medicaid
Congestive Heart Failure*	Mood disorders
Septicemia (except labor)*	Schizophrenia, other psychosis
Pneumonia (except TB or STD)	Diabetes mellitus
Chronic Obstructive Pulmonary Disorder (COPD) and bronchiectasis*	Other complications of pregnancy
Cardiac dysrhythmias	Alcohol-related disorders
Urinary tract infections	Early or threatened labor
Acute renal failure	Congestive Heart Failure*
Acute myocardial infarction	Septicemia (except labor)*
Complications of device/implant/graft	COPD and bronchiectasis*
Acute cerebrovascular disease	Substance-related disorders

Source: 2011, Data, Healthcare Cost and Utilization Project (HCUP). Agency for Healthcare Research and Quality (AHRQ). <http://www.ahrq.gov/research/data/hcup/index.html>.

\*Common across Medicaid and Medicare

# Top 5% = One Half of Spending

## Top 5% of Enrollees Accounted for More than Half of Medicaid Spending, FY 2010



SOURCE: KCMU/Urban Institute estimates based on data from FY 2010 MSIS and CMS-64.  
MSIS FY 2009 data were used for CO, ID, MO, NC, and WV, but adjusted to 2010 CMS-64.



Source: Medicaid Moving Forward, Kaiser Commission on Medicaid and the Uninsured, June 2014,  
<http://kff.org/medicaid/fact-sheet/the-medicaid-program-at-a-glance-update/>.

# Polling Question #2

- One a scale of 1-5, how well does your state understand who comprises their population of BCNs?
- Scale Option:
  - 1) Have not done any real analysis, but would like to
  - 2) Have done some general analysis to identify BCNs
  - 3) Have pulled data on BCNs and analyzed
  - 4) Have actively analyzed data and profiled BCNs
  - 5) Are actively using data to develop or support BCN-related programs

# Polling Question #3

- If you were to apply for this program support, who would you want to target? Select only your top choice.
  - People with substance use disorders,
  - People with mental health and physical health needs,
  - People using long-term services and supports,
  - Children with high needs/high costs (e.g., asthma or sickle cell anemia).
  - Not sure

# Questions or Comments?

**Use the Chat Box**

**Or**

**Press \*7 to un-mute your line**

**When complete press \*6 to mute your line**

# Overview & Proposed Approach of Program Support Available to States

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# Goals & Expected Outcomes

- Improved capacity for data collection, analytics and reporting
- Development and/or operationalization of payment/contracting approaches
- Expansion of number of BCNs served by effective or promising BCN programs



# Focus on States' Ongoing Projects and Needs

- Emphasis is on program support, tools and technical resources specific to participating states' needs
- Approach will be adapted to meet selected states where they are in enhancing or expanding their BCN activities
- Begin with more structured program support and then provide selected states with continued access to 1:1 program support
- Provide future opportunities for states to access program support (future years)

# Objectives for Providing Support to States

- Foster knowledge about best practices in BCN program design and interventions
- Provide targeted support to states' BCN programs in two main areas:
  - Data analytics principles and practices to support BCN initiatives
  - Development and/or operationalization of payment and/or contracting approaches.
- Support states through multiple pathways including interactive state-to state learning as well as individualized state support

# Overview

- Targeting states that want to spread and /or replicate existing activities targeting beneficiaries with complex needs in their state
- Up-to-ten states can be selected to access program support
- Over the course of 10 months, selected states will access program support based on their needs in key areas through state-to-state virtual workshops and one-on-one technical support
- Future opportunities for additional states to access program support

# Overview (cont'd)

- Selected states have existing efforts to design or develop a BCN program
  - IAP offers support to meet gap areas of need
- Two grouping of states (or tracks). Depending on which track a state chooses, the team will need to include:
  - Plan or providers
  - Other state agencies
- States selected for participation will meet a baseline of data readiness and will be asked about status of T-MSIS data use

# Track A and Track B

- **Track A – Partnering with Providers/Plans (PPP)**
  - Focuses on how state Medicaid agencies can support effective local provider BCN interventions through health information exchange, data analytics, and/or payment reforms to establish/sustain new care models
- **Track B - State Agency Partnerships (SA)**
  - Focuses on state Medicaid agencies forming and/or enhancing partnerships with other state agencies for the purposes of essential data sharing and analytics capacity, targeting populations and interventions, payment reform and operationalizing rapid cycle evaluation

# Track B - State Agency Partnership

- Track B states partner with at least one other state agency and target at least one population from the following:
  - People with substance use disorders
  - People with mental health and physical health needs
  - People using long-term services and supports
  - Children with high needs/high costs (e.g., asthma or sickle cell anemia)
- State may choose a subset of one of these populations e.g., people with SUD who are also homeless

# Polling Question #4

- Which of the tracks seem to align with your state's current activities and needs in this area?
  - Track A (Partnering with Providers/Plans)
  - Track B (State Agency Partnerships)

# Types of Program Support Available to Selected States

- Based on selected states needs, support could include:
  - In person training with CMS and its contractors
  - State-to-state learning
  - One-on-one state program support tailored to state's needs in targeted areas
- Program support begins as more structured in the first 10 months and then states can access additional state-specific program support.



# Proposed Program Support Content

- Risk stratification/ targeting/ hot spotting
- Datasets to support program analytics
- Health information exchange
- Evidence-based interventions
- Aligning policy and payment reform
- Understanding available federal funding authorities
- Strategies to scale up successful pilot programs

# Polling Question #5

- What types of support would be most helpful?
  - Participants vote on the topics listed in previous slide

# Leveraging Existing Efforts

- CMS will leverage prior and existing BCN-focused work
  - Center for Medicare & Medicaid Innovation (CMMI) and other CMS activities
  - National Governors Association

# Coordinating IAP and National Governors Association (NGA) Activities

- States that have been selected to work with NGA on Superutilizers and are also selected for IAP program support in this area will receive non-duplicative, coordinated support.

# How to Apply for Program Support

- Expression of Interest
- State Selection Factors
- Key Dates
- Where to go with questions or more information

# How to Apply: Expression of Interest

- Three elements
  - General Information
  - Overall Approach
  - Data Analytics Readiness

**IAP** | Medicaid Innovation Accelerator Program

**Targeting Medicaid Beneficiaries with Complex Needs and High Costs (BCN) Innovation Accelerator Program (IAP) Expression of Interest Form**

**1. General Information**

a. Name of your state Medicaid agency (SMA):

b. Please indicate the track your state would like to pursue:

☐ Track A, Partnering with Providers/Health Plans (PPP)

☐ Track B, State Agency Partnerships (SA)

☐ Tracks A and B

c. Name, title, email address, and telephone number of the SMA team lead:

Table 1: Senior Medicaid Agency Lead Contact Information

Form Field	Contact Information
Name	
Title & Medicaid Agency	
Email Address	
Phone Number	

d. Names, organizations, organizational titles and e-mail addresses of key partners from the State Agency Partnership and/or from the Provider/Health Plan Partnership:

Table 2: Key Partners Contact Information

Name	Organization	Title	Email address

23-Jun-15

# State Selection Factors

- Team Composition
  - Commitment & leadership of state team
  - Members of state team
- Program Approach
  - Alignment with IAP populations
  - Alignment with IAP goals and expected outcomes
  - Linkages with providers, plans and/or other agencies
- Data Analytics
  - T-MSIS data & data sharing

# Key Dates

Event	Date
Expressions of Interest Forms Due	August 3, 2015
CMS conducts 1:1 calls with each state that submits expression of interest form	August, 2015
States Selected for Participation	September, 2015
Kick- Off Webinar	October ,2015
Potential In person training/strategy session	November, 2015



# For more Information Visit the Medicaid IAP Home Page

The screenshot shows the Medicaid.gov website. The header includes the Medicaid.gov logo with the tagline "Keeping America Healthy", and links for "Stay Connected", "Print", and "Website Feedback". A search bar is located on the right. The navigation menu includes links for "Federal Policy Guidance", "Medicaid", "CHIP", "Basic Health Program", "State Resources", "Affordable Care Act", and "About Us". The breadcrumb trail reads "Home > State Resources > Innovation Accelerator Program". The main content area is titled "Medicaid Innovation Accelerator Program (IAP)" and contains a paragraph about CMS launching the IAP in July 2014. A sidebar on the left lists "State Resources" and "Innovation Accelerator Program" with sub-links like "News and Activity", "IAP Commentary", "Reducing Substance Use Disorders", and "Related Tools and Guidance". A right sidebar titled "Related Resources" lists "The Innovation Center" and "Medicare-Medicaid Coordination Office".

**Medicaid IAP Home Page URL:**  
<http://www.medicaid.gov/state-resource-center/innovation-accelerator-program/innovation-accelerator-program.html>

# Where Can Interested States Go with Questions?

States with questions about this opportunity can email: [MedicaidIAP@cms.hhs.gov](mailto:MedicaidIAP@cms.hhs.gov)

Include subject line “BCN”

# Questions or Comments?



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**Or**

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# Thank you for joining today's webinar!

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